



State of Michigan
Jennifer M. Granholm, Governor

Department of Labor & Economic Growth
David C. Hollister, Director

Workers' Compensation Agency
P.O. Box 30016
Lansing, MI 48909
(517) 322-1980
Fax (517) 322-1808
www.michigan.gov/wca

Vocational Rehabilitation Provider **Monthly Activity Report Instructions**

What: Report claims where either Vocational Rehabilitation or Medical Management has been initiated or terminated.

Who: Vocational Rehabilitation Facilities

Submission:

Activity Reports

Submit reports monthly via email if possible (drcampb@michigan.gov). Reports for each month must be made by the end of the 3rd week of the following month. For instance, the report for October would be sent by the end of the 3rd week of November, and so on. You should submit reports monthly even if you've had no new activity. Simply put, "No New Activity This Month" on the report.

Staffing Changes

You must report any staffing changes monthly. If adding staff, include resumes with credentials. These changes can be emailed along with activity reports if possible, or they can be mailed.

When mailing information, please send it to the following address:

DLEG--Workers' Compensation Agency
ATTN: David Campbell
P.O. Box 30016
Lansing, MI 48909

Report Details:

1. Include Employee Last Name, First Name
2. Date of Injury*
3. Case Type: Indicate the type of Rehabilitation activity being started or stopped during the reporting month
 - a. V = Vocational Rehabilitation only
 - b. M = Medical Management only
 - c. B = Both Vocational Rehabilitation and Medical Management (during reporting month)

4. Activity Details: Report concurrent activity, when applicable

- **Vocational Rehabilitation** (details required for Case Type V or B)
 - a. Indicate open and/or closure dates*, as applicable
 - b. Include Closure Reason code and Total Vocational Rehabilitation costs** when Close Date is reported
- **Medical Management** (details required for Case Type M or B)
 - a. Indicate open and/or closure dates*, as applicable
 - b. Include Closure Reason code and Total Medical Management costs** when Close Date is reported

5. The following Closure Reason Codes must be used when closing either Vocational Rehabilitation or Medical Management (**X=closure code applies to Rehabilitation Activity type**):

- VR = Vocational Rehabilitation
- MM = Medical Management

* Dates should be in MM/DD/YY format

** Costs should include costs for the current activity period (Open/Close dates) only.

VOCATIONAL REHAB & MEDICAL MANAGEMENT CLOSURE CODE LIST

EFFECTIVE DATE: 7-1-2004

(X=Closure Code applies to Rehabilitation Activity type VR and/or MM):

STATE OF MICHIGAN CLOSURE CODE LIST		Activity	
Closure Reason	Code Explanation	VR	MM
A	RTW Same Employer / Same Job / Full Time	X	X
B	RTW Same Employer / Same Job / Less Than Full Time	X	X
C	RTW Same Employer / Different Job / Full Time	X	X
D	RTW Same Employer / Different Job / Less Than Full Time	X	X
E	RTW New Employer / Same Job / Full Time	X	
F	RTW New Employer / Same Job / Less Than Full Time	X	
G	RTW New Employer / Different Job / Full Time	X	
H	RTW New Employer / Different Job / Less Than Full Time	X	
I	RTW Self-Employed	X	X
J	Carrier Requested Closed	X	X
K	Redemption	X	X
L	Deceased	X	X
M	Case In Litigation / Weekly Benefits Terminated	X	X
N	Evaluation Only	X	X
O	Non Feasible (i.e. moved out of state, medically unstable, not interested in VR)	X	X
P	Medical Care Coordinated		X
Q	Maximum Medical Improvement reached		X
R	Job Ready		X
Secondary Code	Code Explanation	VR	MM
1	With Accommodation, With Retraining	X	
2	With Accommodation, Without Retraining	X	
3	Without Accommodation, With Retraining	X	
4	Without Accommodation, Without Retraining	X	
5	With Accommodation		X
6	Without Accommodation		X
New! 7	RTW: Client Found His/Her Own Job		X

CLOSURE CODE LIST (CONTINUED)

Ú **Remember: only report on Michigan workers' comp lost time cases**

Ú Codes represent **OUTCOMES**, not necessarily provider processes or referral source requests. For instance, if the referral source calls and says to close the case because the file redeemed, would you use "J" for Carrier Requested Closed, or "K" for Redemption? If you focus on outcomes, you would code it as "K" for Redemption. Another example might be if your client is completely released from restrictions to return to their original job. The carrier would request a closure, but the ultimate outcome is a RTW.

Ú For VR activity, codes **A through I** **MUST HAVE** a secondary code associated with them. **You should always accompany A through I with an applicable Secondary Code 1 through 4.**

Ú For MM activity, codes **A through D** **MUST HAVE** a secondary code of **5 or 6** associated with them.

New!



The only exception to this is when, during the **Medical Management** process, a client finds him/herself a new job. In this case, you could use a main code of P, Q, or R, depending on the level of case management provided, and a secondary code of **"7: RTW, Client Found His/Her Own Job."** This will enable us to track the work you do as case managers, while also capturing the ultimate outcome of returning to gainful employment.

Ú **"Full Time"** equates to the same amount of hours the employee worked pre-injury. "Less than Full Time" equates to a RTW less than the amount of hours worked pre-injury. Don't get too detailed with this. Did the person return to a partial duty situation or not?

Ú **"Carrier Requested Closed"** is not a process measure; it's an outcome measure. It is not necessarily meant to be seen in a negative light, or to possibly focus on what the provider did poorly. Instead, it is purely a logical outcome for some situations where VR is no longer called for, and the carrier wishes to end the services for any number of reasons.

Ú To obtain an electronic copy of the Monthly Activity Report, go to the Agency's website (<http://www.michigan.gov/wca>) and click on the "Vocational Rehabilitation" tab on the left-hand side. From there, click on the title "Monthly Activity Report" under "Other Information." The "Monthly Activity Report Instructions" document will also be available there. Download the Monthly Activity Report template to your PC to use monthly. The completed forms should be sent to: drcampb@michigan.gov.

Ú If you ever have questions regarding the correct coding to use, please email or call (517) 322-1721 for assistance.